

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Newton

Registration District No. 611

Township Seneca Mo.

Primary Registration District No. 4365

City Seneca Mo. (No.)

File No. 34888

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Crawford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27-1871</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>6</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>James H. Crawford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Mahala Moore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Bertie Dawson</u> <u>Way and other, Okla.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca</u> DATE <u>9-28</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>B. B. Buzzard</u> <u>Seneca Mo.</u>		
20. FILED <u>9-30</u> 19 <u>37</u> <u>Merle Spaulin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9-25</u> 19 <u>37</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>9/25</u> 19 <u>37</u> to <u>9/25</u> 19 <u>37</u> I last saw her alive on <u>9/25</u> 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>11 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Angina Pectoris.</u> Date of onset
Other contributory causes of importance: <u>94</u>	
Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u> </u> (Signed) <u>J. B. Sumner</u> M. D. (Address) <u>Seneca Mo.</u>	

